

Office use only

**CLAIM NO**

Agent / Broker	Policy no	Identity no
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INSURED			
Name			
Business address			Code
Telephone	CODE (W) ( )	CODE (H) ( )	CELL
Occupation			
VEHICLE			
Name of registered owner			
Address			Code
Telephone	CODE (W) ( )	CODE (H) ( )	CELL
Occupation Beroep			
Particulars of last person responsible for vehicle (a copy of his / her driver's licence must be attached)			
Name			
Business address			Code
Telephone	CODE (W) ( )	CODE (H) ( )	CELL
Occupation			
Occupation			
Date of Birth	Identity no		
Purpose for which vehicle was used			
Make	Reg no	Model	Year
Vehicle value		Date of purchase	
Price paid		Colour	
Engine no		Chassis no	
Odometer reading at time of theft / hijacking			<b>If applicable state the following:</b>
Is the vehicle a "rebuilt" vehicle?      Yes      No			
Is the vehicle subject to a hire purchase, credit or lease agreement?      Yes      No			
Name and address of finance company / person			Telephone      CODE ( )
Account holder			Account no
Details of previous claims			
Name of insurer		Policy no	Telephone      CODE ( )
ANTI-THEFT DEVICE			
Anti-theft device fitted?      Yes      No			If yes, state the following:
Make		Date fitted	
Fitted by		Please attach a copy of invoice / certificate	
Date last tested			

## THEFT OR HIKACKING

Date	Time	Place stolen/hijacked from	
Was the vehicle locked?	Theft	Hijacking	Police reference no
Police Station	Date reported		
Describe in detail how the loss occurred			
Has the vehicle been recovered?			
If received, where can the vehicle be inspected?			
<b>IDENTIFICATION FEATURES</b>			
Any dents or scratches? State where			
Details of accessories not standard for the vehicle			
Any changes or alterations made to the vehicle?			
Any personal identification marks? State where			
Is there any hidden identification mark on the vehicle? State where			

**Is there vehicle sound equipment in the vehicle? If so, state the following:**

Make of vehicle sound equipment	Serial no
Date installed	Value
Name of supplier	
Is the vehicle sound equipment standard equipment to the motor vehicle?	
Details of any identification marks on the vehicle sound equipment	

**If not standard, please attach a copy of the original invoice for the radio**

## OTHER INSURANCE

Is there any other insurance covering this loss / damage?		
<b>If so, state name of insurer</b>		
Policy no	Telephone	CODE (   )

## PLEASE NOTE

A copy of the vehicle registration certificate must be attached to this document  
You are obliged to identify the vehicle, which may only be recovered some years after the theft

## DECLARATION

I/we acknowledge the sharing of claims information by insurers is essential to enable the insurance industry to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims. In the public interest and with a view to limiting premiums, I/we hereby waive any right to privacy in any insurance or claims information supplied by me or on my behalf in respect of any insurance application or claim made or lodged by me/us and I/we consent to such information being disclosed to any other insurance company or its agent. I/we also waive any rights to privacy and consent to the disclosure of any information relevant to any insurance claim concerning me or any insured person I/we represent

I/we further declare that all the particulars to be true in every respect and correct and I/we understand that if any claim lodged under the policy be in any respect fraudulent or if any fraudulent means or devices be used by me/us or anyone acting on my/our behalf or with his know knowledge or consent to obtain any benefit under this policy or if any event be occasioned by the wilful act or with the connivance of me/us the benefit afforded under this in respect of such claim shall be forfeited.

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Registered Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date